

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



www.dir.ca.gov/DOSH

DOCUMENT REQUEST

EMPLOYER: _____ DATE: _____ Postmark by: _____

EMPLOYER CONTACT: _____ Cal/OSHA Inspector: _____

As discussed during the inspection on _____, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

Federal ER ID No./

- | | |
|--|-------------|
| <input type="checkbox"/> Licenses & Permits: <input type="checkbox"/> Business License <input type="checkbox"/> State ER Tax ID No. <input type="checkbox"/> CSLB <input type="checkbox"/> Garment Reg. <input type="checkbox"/> Farm Labor Contractor | Rec'd _____ |
| <input type="checkbox"/> Facility Layout (floor plan, evacuation routes, etc) _____ | Rec'd _____ |
| <input type="checkbox"/> OSHA Log 300 (from _____ to _____) 8 CCR 14301 | Rec'd _____ |
| <input type="checkbox"/> OSHA 5020 (Employer's First Report of Injury) _____ | Rec'd _____ |
| <input type="checkbox"/> DWC Form 1 (Worker's Compensation Claim) _____ | Rec'd _____ |
| <input type="checkbox"/> Worker's Compensation Insurance Carrier _____ | Rec'd _____ |
| <input type="checkbox"/> Injury and Illness Prevention Program (written safety program) 8 CCR 3203 | Rec'd _____ |
| <input type="checkbox"/> Safety Inspection Records _____ | Rec'd _____ |
| <input type="checkbox"/> Employee Training Records _____ | Rec'd _____ |
| <input type="checkbox"/> Safety Committee Meeting Minutes _____ | Rec'd _____ |
| <input type="checkbox"/> Heat Illness Prevention Program 8 CCR 3395 | Rec'd _____ |
| <input type="checkbox"/> First Aid Kit approval 8 CCR 3400 | Rec'd _____ |
| <input type="checkbox"/> Emergency Action Plan 8 CCR 3220 | Rec'd _____ |
| <input type="checkbox"/> Fire Prevention Plan 8 CCR 3221 | Rec'd _____ |
| <input type="checkbox"/> Hazard Communication Program 8 CCR 5194 | Rec'd _____ |
| <input type="checkbox"/> Material Safety Data Sheets, for _____ | Rec'd _____ |
| <input type="checkbox"/> Respiratory Protection Program 8 CCR 5144 | Rec'd _____ |
| <input type="checkbox"/> Hearing Conservation Program (Noise) 8 CCR 5097 | Rec'd _____ |
| <input type="checkbox"/> Exposure Control Plan / Bloodborne Pathogens 8 CCR 5193 | Rec'd _____ |
| <input type="checkbox"/> Workplace Exposure Records/Monitoring Results _____ | Rec'd _____ |
| <input type="checkbox"/> Chemical Hygiene Plan 8 CCR 5191 | Rec'd _____ |
| <input type="checkbox"/> Carcinogen Registration 8 CCR Article 110 | Rec'd _____ |
| <input type="checkbox"/> Permits / Variances, for _____ | Rec'd _____ |
| <input type="checkbox"/> Maintenance Records of Equipment _____ | Rec'd _____ |
| <input type="checkbox"/> Safety Instructions / Equipment Manuals _____ | Rec'd _____ |
| <input type="checkbox"/> _____ | Rec'd _____ |
| <input type="checkbox"/> _____ | Rec'd _____ |

If you require an extension of time in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above **before** the deadline.

INSPECTION NO. _____ INSPECTOR ID. _____

OPT RPT NO. _____